2014-2015
STATE OF KANSAS
OSTEOPATHIC MEDICAL SERVICE SCHOLARSHIP

Student Information Guide

Eligibility Requirements
- Be a Kansas resident.
- Be committed to providing primary medical care in an underserved area in Kansas.
- Demonstrate financial aid eligibility as measured by the federal formula.

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<th>Primary Care Medicine includes general internal medicine, pediatrics, family medicine, family practice, obstetrics and gynecology, geriatric medicine or emergency medicine</th>
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<tr>
<td>Underserved areas are designated as any Kansas county except: Douglas, Johnson, Sedgwick, Shawnee and Wyandotte</td>
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Financial Information
- Scholarship award not to exceed $25,000 per year depending upon state appropriations
- Up to four years of funding per student
- A maximum of 32 Kansans may be funded each year if funds permit

Procedures
- Complete and submit both this application and statement of purpose to the Kansas Board of Regents.
- Submit a copy of your completed 2013 federal income tax return to the Kansas Board of Regents.
- Complete the Free Application for Federal Student Aid (FAFSA) online at www.fafsa.ed.gov. Allow time for processing. When you receive your Student Aid Report (SAR), submit a signed copy with this application to the Kansas Board of Regents.
- Be admitted to an accredited school of osteopathy in the United States.

Timelines
- Priority deadline for submitting the FAFSA for processing is April 1, 2014
- Priority deadline for submitting this application is May 1, 2014
- Notification to recipients is approximately July 2014

For more information contact your pre-med advisor, the Kansas Board of Regents, or the Kansas Association of Osteopathic Medicine.

| Kansas Board of Regents | Bob Williams, Executive Director |
| KS Osteopathic Medical Service Scholarship | Kansas Association of Osteopathic Medicine |
| 1000 SW Jackson St, Ste 520 | 1260 SW Topeka Blvd |
| Topeka KS 66612-1368 | Topeka KS 66612-1889 |
| 785.296.3518 | 785. 234.5563 |
| loldhamburns@ksbor.org | Kansasdo@aol.com |
DESCRIPTION OF PROGRAM
In 1975 the State of Kansas enacted Legislation, and amended it in 2001, providing the Kansas Board of Regents with the authority to grant scholarships to individuals pursuing a medical career in osteopathy. The Osteopathic Medical Service Scholarship provides an annual award not to exceed $25,000 for 2014-2015 and is limited to 4 years of funding or until the degree is conferred, whichever occurs first.

PURPOSE OF PROGRAM
The program is designed to encourage doctors to practice primary care medicine in areas of Kansas where there is an insufficiency of medical care providers.

PROGRAM RESTRICTIONS
1. Osteopathic Medical Service Scholarships are awarded only to students who are residents of Kansas. Students may attend any accredited osteopathic school in the United States.
2. Applicants must agree to practice primary care medicine, which is defined as general internal medicine, pediatrics, family medicine, family practice, obstetrics and gynecology, geriatric medicine or emergency medicine. The practice must be fulfilled in a medically underserved area which is any county in Kansas except Douglas, Johnson, Sedgwick, Shawnee, or Wyandotte. Practice must begin within six months after licensure or within six months after completion of an approved postgraduate residency training program and licensure, whichever is later.

SELECTION PROCEDURE
The criterion to be used by the Kansas Board of Regents in selecting recipients includes Kansas resident status, financial need as measured by the federal formula defined in U.S. Public Law 102-325 and the likelihood of primary care medical practice in an underserved area of Kansas. In making this selection, emphasis will be placed upon the applicant's statement outlining his/her past and present commitment to medical care or employment in Kansas including volunteer or paid health care efforts.

PROMISSORY NOTE
Each award recipient must sign an agreement and promissory note, which includes the promise to repay the Kansas Board of Regents the cumulative award amount plus accrued interest from the date such money was received at a rate which is equivalent to the interest rate applicable to loans made under the federal PLUS program at the time such person first entered into an agreement plus five percentage points and any collection costs in the event service is not rendered.

FORGIVENESS PROCEDURE
Each recipient can discharge fully his/her obligation to the Kansas Board of Regents by practicing primary care medicine full time or half time in Kansas excluding Douglas, Johnson, Sedgwick, Shawnee and Wyandotte counties or through at least half-time employment at a state medical care facility or institution. Each year of scholarship support obligates the recipient to one year of service.

APPLICATION PROCEDURE
For priority consideration, the following documents must be received in the Office of the Kansas Board of Regents by May 1, 2014.

1. The 2014-2015 Kansas Osteopathic Medical Service Scholarship application.
2. Your statement of purpose, which is to be a one-page typed statement outlining your understanding of the purpose of the Osteopathic Medical Service Scholarship and your commitment to practice primary care medicine in an area of the state, designated as medically underserved.
3. A signed copy of your Student Aid Report (SAR). You will receive a SAR by completing the Free Application for Federal Student Aid (FAFSA) on line at www.fafsa.ed.gov. Allow time for processing. You are advised to submit your completed FAFSA by April 1, 2014.
4. A copy of your completed 2013 federal income tax return. You may have to provide your parent's or your spouse's return; you will be notified if this is necessary.
KANSAS OSTEOPATHIC MEDICAL SERVICE SCHOLARSHIP

2014-2015 APPLICATION

Kansas Board of Regents
Osteopathic Medical Service Scholarship
1000 SW Jackson St, Suite 520
Topeka, KS  66612-1368

PERSONAL

Full Name: _____________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Maiden Name</th>
</tr>
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</table>

Address: ____________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

How long have you lived at this address?   ________ Years     _______ Months

Social Security Number: ________________________________ Phone No. (_________)________________________

Date of Birth: ________________Place of Birth: ______________________________________ Email: _________________________

Drivers License No: _______________________ State Issued: ________________ Date Obtained: ________________________

RESIDENCY

When did your physical presence in Kansas begin?  From: ________________ To: ____________________

Month/Year                            Month/Year

If you have ever lived outside of Kansas indicate where and when? ____________________________________________________

___________________________________________________________________________________________________________

Parent/Guardian:         Name:  _____________________________________ Phone No. (_________)________________________

Address:  _________________________________________________________________________________

__________________________________________________________________________________

City                                                                State                             Zip Code

Relationship: ______Mother ______Father ______Legal Guardian

How long has parent/guardian lived in Kansas?   _______Years _______Months

EDUCATION

HIGH SCHOOL

Name:  ____________________________________________   Year of Graduation: ______________

Address:  ____________________________________________

City, State, Zip:  ____________________________________________

UNDERGRADUATE

Name:  ____________________________________________     Year of Graduation: ______________

COLLEGE

Address:  ____________________________________________     Did you pay resident tuition?  ______Yes ______No

City, State, Zip:  ____________________________________________

OSTEOPATHIC

Name:  _______________________________________________________________________________

COLLEGE

Address:  _______________________________________________________________________________

ATTENDING:  City, State, Zip:  _______________________________________________________________________________

2014-2015 Educational Level In Graduate School:  ______1st Year      ______2nd Year       ______3rd Year       ______4th Year

Month and Year you anticipate you will begin your practice in Kansas: ______________________________________________
EMPLOYMENT

PRESENT
Company Name: ____________________________________________________________________
Address: __________________________________________________________________________
City, State, Zip: ____________________________________________________________________
Starting Date: ___________________   Ending Date: ____________________
Position: ________________________________________________________

PREVIOUS
Company Name: ____________________________________________________________________
Address: __________________________________________________________________________
City, State, Zip: ____________________________________________________________________
Starting Date: ___________________   Ending Date: ____________________
Position: ________________________________________________________

COMMITMENT

I hereby attest that I am a bona fide resident of the State of Kansas and agree that if I am selected as a scholarship and loan recipient for the study of osteopathic medicine, I will engage in full-time primary care practice which includes general internal medicine, pediatrics, family medicine, family practice, obstetrics and gynecology, or emergency medicine in a designated medically underserved area in Kansas within six months of completion of my internship or residency training program for the period of time required by the contract. I further agree to a full investigation of my eligibility, including inquiries of business and professional persons and a release of my academic and financial records if necessary in support of this application. I certify that to the best of my knowledge the information contained in this application is correct. I understand that false or incorrect information may subject the application to be eliminated from consideration for the scholarship.

Applicant’s Signature: ____________________________________________________________
Date: _________________________